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Medical Mission Series

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HOSPITALS IN INDIA



Fullerton Dispensary, Fatehgarh

Woman's Board of Foreign Missions

of the Presbyterian Church

156 Fifth Avenue, Room 313, New York

“Where wast thou sick, Lord, and we knew it not?  
Had we but known, how swift had been our feet  
To bear us to thy couch! Ah, service sweet  
To watch beside thee in the dreariest spot!”

“Far off I lay, in heathen lands forgot  
By thee and all. The blood of lepers beat  
In the poor helpless limbs—the blazing sun  
Shone in an Indian room; thou didst not see  
My form on that bare floor. Those broken hearts  
Thou didst not bind. For that thou hast not done  
It unto these, thou didst it not to me.”

## Presbyterian Medical Missions in India



S medical missionary work needed in India with all the agencies provided by the Government? This is the question that is continually asked, and the answer must always be, "Emphatically, yes!"

It is needed merely as charitable work among the swarming multitudes of destitute people. Outside of the cities and large towns not one twentieth of the people are within reach of government help. The masses are frightfully poor; the failure of a single crop threatens millions with literal starvation. For years India has been darkened by the shadows of famine and plague, which have desolated one section after another. All instrumentalities together can only touch the edge of the need.

It is needed also to embody visibly and tangibly before the people the grace and truth that came by Jesus Christ. Some one has well called the medical work "the modern substitute for miracles," by which the divine character of Christianity is manifested, prejudice and suspicion are removed, and minds and hearts are prepared to accept the message of God's love. "I have learned much about Christianity in the hospital," said a Hindu patient; "it seems that the more you do for others the better Christian you are."

It is needed in India even more than elsewhere, as a protest again against the uncharitable spirit of caste, so opposed to the spirit of Christ. The Christian hospital, opening its doors freely to all in need, even to the poorest outcastes, is a constant object lesson of the all-embracing love of God and the brotherhood of man. Caste prejudice is the greatest obstacle to the spread of Christianity, and anything that tends to undermine its barriers is of the utmost value.

It is well known that the most crying necessity of

all is that for the work of medical women. By the customs of Indian society it is impossible for women of the better classes to be treated by a male physician. Only women can bring them relief in their sufferings, and point them to the true Light and Life of men. "Your God must be a very good God," said a Hindu woman to her physician, "to send a doctor to the women. None of our gods ever did that."

Our Presbyterian Mission in India had been long at work before the need of a medical branch was recognized. A young physician, Willis Green, M. D., went out in 1842, but he died a few months after reaching India.

Fifty years ago the value of medical work as a missionary agency had scarcely begun to be perceived. The only reason thought valid for sending out medical men was that they might care for the families of missionaries in isolated stations. When John Newton, Jr., the son of the Rev. John Newton, one of our earliest missionaries in India, having studied medicine in the United States, wished to join the India Mission in 1857, it was thought that a physician was not needed there. Feeling that India was his home, and that his knowledge of the language and the people was an advantage not to be thrown away, Doctor Newton returned to Lahore at his own expense, and taught in the Mission School for Boys for two years. In 1860 the Rajah of Raparthala asked that a physician might be sent to his court, guaranteeing him full freedom to teach Christianity among the people. In response to this call, Doctor Newton was adopted by the Board of Foreign Missions and was its first medical missionary in India. At this time there were in that country very few missionary physicians of any church.

The terrible sufferings and need of oriental women, especially in India, made an irresistible appeal to their sisters in more favored lands. The desire to help them was the chief motive in the organization of the various Women's Missionary Boards of all denominations from 1861 onward. About the same time the doors of the medical profession were slowly unclosed to women, and it became possible to send physicians of their own sex to these prisoners of the zenanas. The first medical woman who went from America to India was Dr. Clara Swain, of the Methodist Board of Missions, in 1869.

Dr. Sara Seward, niece of Hon. W. H. Seward, was sent out by the Woman's Union Missionary Society in 1871 to coöperate with the Presbyterian Mission in Allahabad. In 1873 she became connected with the Presbyterian Board, the first of the splendid corps of medical women, now numbering twenty-six, who have done such honor to our Presbyterian Missions.

"No benefit that the Christian Church has brought to India, except the Gospel itself, can compare with this boon of healing that has been conferred upon her women." Sir Charles Aitchison, Lieutenant-Governor of the Panjab in 1887, who inaugurated the system of government grants-in-aid to missionary hospitals, says:—

"To the example set by missionary ladies in visiting zenanas and establishing hospitals is due the present widespread demand for medical aid and scientific training for the women of India."

In response to this demand the Lady Dufferin Association was formed (1885), which has opened many hospitals for women, and reports two hundred and forty Indian women studying medicine under its auspices. The benefits of these hospitals are largely confined to the upper classes. The management is of necessity entirely secular, no religious teaching being permitted.

**NORTH INDIA MISSION.**—As has been said, the medical work of the Presbyterian Church for women was begun at **Allahabad**. Doctor Seward's first patients were visited in their homes. As soon as suitable help could be procured, a dispensary was opened. In 1889 a desirable site was secured in the heart of the city, and a hospital erected by the gifts of friends. Before the hospital work was well under way, Doctor Seward died of cholera (1891). Two devoted and capable assistants whom she had personally trained, Miss Symes and Miss Christian, kept up the dispensary work. Dr. Emma Templin went out in 1893, but ill health forced her to resign after a year of earnest service. In 1896 the hospital was reopened under Dr. Bertha Caldwell.

Dr. Margaret Norris, in charge from 1902 to 1906, began her work at the time of a terrible outbreak of bubonic plague. As the regular hospital attendance was much decreased, she asked the government officials to give her charge of some plague camps. This was done, and when

they saw that she had the confidence of the people, all the camps for high-caste women were put under her care. Doctor Norris received from the government the Kaisir-i-Hind medal for her services at this time.

After Dr. Norris's marriage in 1906, Dr. Ellen C. Binford took charge of the hospital, which has now twenty-three beds.

Some of the in-patients are high-caste women, who had never before left their husbands' houses since their marriage. They are lodged in private rooms with cooks of their own caste, and enjoy the freedom of walking in a garden for the first time in their lives.

The treatments given last year averaged much more than a hundred each day. But the clinical record of these cases is sadly inadequate. The words "treatment given" cannot show you the tired mother who carried her boy of five years in a basket on her head from a village miles away, and the look of triumph with which she deposited him on the hospital floor. Happily, he was soon helped, and the poor woman went home rejoicing, carrying with her a copy of the Gospels and a book of bhajans (hymns).

Again, "patient admitted" tells nothing of the poor woman picked up by the roadside—a widow, and therefore cast out of the house lest her presence bring a curse.

Dr. Annie Young assists in the medical work. The out-practice in the city is extensive and important, more than a thousand patients being treated yearly in their homes.

At **Fatehgarh** the beautiful Fullerton Dispensary recently opened is managed by Dr. Anna Fullerton and her sister. It has a large promise of usefulness for the women of Furrukhabad district.

**PANJAB MISSION.**—In **Lahore** dispensaries were early established, and were conducted for some years by two able Indian physicians, Dr. Isa Dass and his wife. The work is now in charge of Dr. Emily Marston (1891). The dispensary stands on a crowded thoroughfare just outside the Delhi Gate in the old city wall. It is accessible to all that side of the city, and to the Lunda Bázár, a populous suburb. The noisy, dirty street is thronged day and night with surging masses of humanity. On the walls of the large reception room (which is used as a chapel for men at night) are hung appropriate texts and pictures. From sixty to a hundred patients are treated every day, and the accompanying friends number as many more. The women who come are mostly Mohammedans. A short service begins the day; a few verses of Scripture are read and explained,

a prayer offered, a hymn sung; then Doctor Marston goes to her office, and the women go in, three or four at once. The teacher or the Bible woman sits among the waiting groups, explaining a parable, answering questions or singing hymns until all have heard something of Jesus and the truth.

**At Wagah** a dispensary for women under Miss Thiede has long been a centre of blessings.

The crowded dispensary at **Saharanpur**, where the patients average twenty thousand a year, shows the hold that Dr. C. W. Forman's years of devoted service have gained upon the people. Doctor Forman has devised a unique equipment for his work—a van, fitted up with all conveniences, which he uses as a traveling dispensary in his long village tours. He writes:—

“The van is supplied with medicine shelves, a bed, compounding table, desk, bath, etc. Everything required for comfort or use is ready at hand. On the top we carry a small tent and other belongings for the three or four members of the party, and there is room inside for those who wish to ride. At the first halt, the tent is soon pitched, and the evangelists go into the village to preach. They give notice that the doctor will be ready next morning to prescribe for any needing it. A goodly number are always on hand. In the afternoon more preaching and prescribing; in the evening our rule is to go to the sweeper quarters and preach to the outcasts. Fifty of these were recently baptized.”

**At Ferozepore** a dispensary was opened by Rev. F. J. Newton, M. D., who went there in 1882, and rooms for men patients have been added from time to time. Doctor Newton's lifelong familiarity with the people and their languages gives him peculiar advantages in relieving their needs. A hospital for women, built largely through the exertions of Mrs. Newton, was opened in 1893, on the Mission premises, half way between the city and the cantonment. Built at the rear of the compound, it was much cramped for room. A fine plot of ground at the back, with pleasant trees, was recently presented by the Hindu owners for the use of the hospital, adding much to the comfort of the inmates. Dr. Helen Newton (Mrs. Gould) had charge of this hospital until her marriage. It is now cared for by Dr. Maud Allen. Dr. F. J. Newton says:—

“Oh, for more means and men and women! It is appalling to see the amount of suffering everywhere, and no physician and no medicine. Few and far between are found resident *hakims*, who make a good living, though their treatment is often injurious. They make

no pretensions, however, to any knowledge of surgery. The bleeding is done by the *nai* or barber. Whatever of surgery there is, the opening of abscesses, etc., is also his business. Dentistry is the function of the blacksmith. Cataract (exceedingly common) is operated on by a wandering genius called a *rawal*. . . . Sight is often restored for the time at least, but sooner or later trouble is pretty sure to follow."

Dr. Jessie Carleton, going to **Ambala** in 1886, soon found that a hospital for women was greatly needed. Land was secured and a temporary building put up. The present hospital, given to commemorate the twenty-fifth anniversary of the Woman's Board of Foreign Missions, Philadelphia, was opened in 1898. It stands in a large compound at the juncture of seven streets, surrounded by pleasant grounds. The dispensary patients average about twenty thousand a year and the in-patients nearly three hundred. Mrs. Calderwood, who superintends the evangelistic work in the hospital, says:—

"I find that in many ways the women are influenced for good, and in most cases you can see a visible change in their faces while they stay. All the surroundings, the fresh air, the grass and flowers, the prevailing cleanliness, Dr. Carleton's eminent adaptedness for her post, the competent assistant doctor, the good matron, excellent nurses and servants, all help in making the hospital the power it is."

Dr. Carleton has also a large general practice in the city of Ambala. In this connection she writes:—

"The question of nurses for India grows more imperative yearly. If your practice is in homes, it is on the members of the family that you must depend for what nursing is possible. In Western lands the ministering angel is supposed to be feminine, but here the women are so superstitious and timid that one longs to sweep them out of the way. I am glad to pay a tribute to the fine qualities of the men as brought out by illness in their families."

An especial interest attaches to the medical work at **Hoshyarpur**, because it is entirely in charge of the Indian pastor's daughter, Dr. Dora Chatterjee, a graduate of the Philadelphia Woman's Medical College. She conducts a dispensary and a small hospital for women and children, besides outside practice.

A most hopeful enterprise undertaken in 1885 is the North India School of Medicine at **Lodiana**, intended for the education of Christian women in medicine, nursing, and pharmacy. A hospital built by friends, assisted by a government grant, was enlarged in 1906. It has now one



hundred beds, with good quarters for children and nurses. Dr. Anna Fullerton is the principal, and Dr. Mary R. Noble, of our own Board, the vice principal. The hospital and dispensary patients in 1906 numbered 43,818. Our Board makes a yearly grant to this school, which is supported by all denominations of Christians. Thirty-two students were at work last year.

WORK AMONG LEPEERS.—This unfortunate class, of whom there are about two hundred and fifty thousand in India, has always appealed especially to the sympathies of Christians. The oldest leper asylum under the management of our Mission is at **Sabathu**, and was begun by British officers as a general refuge for the poor, after the Kabul war of 1844. It grew into importance under Dr. John Newton, Jr., who, with Mrs. Newton, devoted many years of loving care to these poor sufferers. One who knew him says: "I have never seen anything more Christlike than Dr. Newton's love for his lepers." There is a chapel, a dispensary, and houses for employees; the patients live in rows of little cottages almost hidden among the trees. A farm furnishes vegetables for all the inmates, and those who wish have plots of ground to cultivate. The dispensary is open every morning for free medical treatment, after prayers in the chapel. Both men and women are taught to read, and some become competent to teach in other asylums. Others are trained as nurses or compounders of medicine. There are more than a hundred inmates, of whom about half are Christians. A ward for European lepers has several patients. Marcus B. Carleton, M. D., superintends the asylum, in addition to a large dispensary and extensive itineration.

At Ambala is another large leper asylum, dating from 1858, and others are found at Saharanpur, Allahabad, Ratnagiri, and Miraj. All these asylums are supported by funds given by the **Mission to Lepers** or contributed in India, but for the self-denying love and care which make them such a blessing to the poor inmates, they are indebted to our missionaries.

WESTERN INDIA MISSION.—Our only large general hospital in India is at **Miraj**, the capital of the native state of the same name. When Dr. Wanless came to Sangli in 1889 he had not been two days on the field before patients began to come to him. They came in such numbers that

he was forced to send for medicines at once and open a small dispensary, which soon needed larger quarters. After two years, it was decided to move to Miraj. With the aid of the Prime Minister of Miraj State, who was one of Dr. Wanless's patients, a most desirable site of ten acres was secured, and the enterprise was launched with the endorsement of the State authorities. A beautiful building, given by Mr. John H. Converse, of Philadelphia, was opened in 1894. The "Bryn Mawr Annex," added in 1902, contains one of the finest operating rooms in India, and a lecture room and laboratory for the Medical School. There are also rooms for private patients, a ward for Europeans, and a hospital cottage for missionaries. Many missionaries from our own and other missions come here for treatment. All the hospital staff and assistants are Christians. Miss E. A. Foster (1897) has charge of the nursing department and has trained an efficient corps of Indian nurses.

The Medical School trains Indian Christian men as medical assistants. The course extends through four years, and one class is graduated before another is started. A Brahman member of the last class is the physician in charge at Pandita Ramabai's Home for Widows. His wife, also trained in Miraj Hospital, is head nurse in the same institution. Other graduates are doing good work in various positions.

When the hospital was opened, only low-caste men were willing to enter the wards. Now all castes lie side by side, receiving the same treatment and listening to the same teaching. Patients come from hundreds of different villages, some of them at great distances, usually brought by one or more friends. All these learn something of the Gospel message from books or Christian teachers, and carry it back to their homes.

Work of the same sort on a smaller scale is done at the hospitals and dispensaries in Kodoli, Vengurle, and Kolhapur. During a recent epidemic of cholera at Kolhapur, Mrs. Marshall, M. D., was able to save more than one hundred lives.

A prominent Mohammedan testifies: "It is these medical missionaries who are winning the hearts of our people. We, too, must build hospitals and care for the sick and the dying if we wish to keep our religion alive."

# HOSPITALS AND DISPENSARIES

1908

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## NORTH INDIA MISSION

ALLAHABAD.—Sara Seward Hospital; dispensary; general medical work.

MISS ELLEN C. BINFORD, M. D.; MISS ANNIE YOUNG, M. D.

FATEHGARH.—Fullerton Dispensary.

## PANJAB MISSION

AMBALA.—Philadelphia Hospital for Women; dispensary; general work.

MISS JESSIE R. CARLETON, M. D.

LODIANA.—North India Medical Training School for Christian Women.

MISS MARY RIGGS NOBLE, M. D.

SABATHU.—Leper Asylum; medical itineration.

MARCUS B. CARLETON, M. D.

SAHARANPUR.—Hospital; dispensary, and leper asylum.

REV. C. W. FORMAN, M. D.

LAHORE.—Delhi Gate Dispensary; general work.

MISS EMILY MARSTON, M. D.

FEROZEPUR.—Hospitals for men and women; dispensaries; medical itineration.

REV. F. J. NEWTON, M. D.; MRS. GOULD, M. D.; MISS MAUD ALLEN, M. D.

HOSHYPUR.—Hospital; general medical work.

MISS DORA CHATTERJEE, M. D.

## WEST INDIA MISSION

MIRAJ.—Hospital; dispensary; medical school.

W. J. WANLESS, M. D.; Miss E. A. FOSTER, Superintendent  
of Nursing.

VENGURLE.—Hospital; dispensary.

ROBERT H. GOHEEN, M. D.

KODOLI.—Hospital; dispensary; general work.

ALEXANDER WILSON, M. D.; Miss VICTORIA E. McARTHUR,  
M. D.

KOLHAPUR.—Dispensary and general work.

Miss HESTON, M. D.; Mrs. MARSHALL, M. D.

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18 physicians, 6 men and 12 women; 9 hospitals, 11 dispensaries; 105,105 patients treated during year.

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**Price, 3 cents; 30 cents per dozen**